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ABSTRACT

The author views hospitalization of the child as a time of potential crisis for the child and family and as an area where the school can play a significant role in minimizing potential disruption. Topics covered include historical trends in hospital treatment of children, the concept of crisis intervention, parents' reactions to their children's hospitalization, children's reactions to hospitalization, and the role of the school in the preparation for hospitalization. Appended is a list of films and records for children which deal with hospitalization. (SB)

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THE PSYCHOLOGICAL EFFECTS OF HOSPITALIZATION FOR THE CHILD AND FAMILY -- IMPLICATIONS FOR THE SCHOOL SYSTEM

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THE PSYCHOLOGICAL EFFECTS OF HOSPITALIZATION FOR THE CHILD AND FAMILY -- IMPLICATIONS FOR THE SCHOOL SYSTEM

One of the important factors that influences an individual's ability to achieve in academic areas and to develop his/her intellectual potentials is the degree to which he/she is able to acquire and maintain a state of personal and social adjustment. Huntington '75 reports that one out of every three children will spend at least 1 week in a hospital before her/his 10th birthday. Furthermore, the literature of children's reactions to hospitalization is replete with studies showing that much anxiety results from the events surrounding hospitalization. (Blake, '54). Many children have difficulty recuperating from the traumatic experience of hospitalization itself Freiberg, (1972), Wolinsky ('71), Levy ('45). It is the intent of the present writer to present hospitalization as (1) a time of potential crisis for the child and family; (2) an area where the school can play a significant role to attempt to minimize potential disruption.

HISTORICAL PERSPECTIVE

In the United States we have been slow in addressing ourselves to children's medical needs. It was not until after 1880 that a chair of Pediatric Medicine was established in this country's medical schools. In the 1940's hospitals started allowing parents to room in with their sick children. In the 1950's we saw a liberalization of visiting hours. At the present time, most major hospitals have children's activities programs for the purpose of dealing with the possible psychological complications of hospitalization. There is also a wealth of films, books and records dealing with the subject (See the bibliography compiled by the Association for Care of Children in Hospitals, $1.50, 1973, Children's Hospital, Boston, Mass.).

In spite of the increased awareness of the problem, Brazelton, ('75) observes that the rate of technology and complexity of contemporary care have accelerated beyond the capacity of the hospital personnel to humanize care. Furthermore, hospitals are a long way from viewing the Family as the Patient and setting up programs to help family members support each other during hospitalization. In 1966 only 28 out 5,500 general hospitals in the United States provided adequate well planned facilities for parents to stay overnight with their sick children. Dombro, (1970). In contrast Ortolani, (1970) notes that in Italy it has been hospital policy for over 30 years to encourage the parents to room in. Huntington ('75) sees a need to change the focus of treatment due to the fact that because of increased mobility, divorce rate, and numbers of mothers in the labor

force children and parents may have to face hospitalization without previously available support systems. Huntington ('75)sees preparation for hospitalization as a continuous effort to be undertaken by schools, mass media etc. She refers to it as "proactive and promotive as opposed to reactive." An indication of the contemporary move towards increasing the use of preventive community mental health methods is the fact that in the period from 1970-74 the number of films and books dealing with hospitalization published for children and parents exceeded the number of books and films ever published on the subject. Hardgrove ('72)

HOSPITALIZATION VIEWED IN THE CONTENT OF CRISIS INTERVENTION THEORIES

The concept of crisis and crisis intervention as formulated by its chief theoriticians, Dr. Erich Lindemann and Dr. Gerald Caplan refers to the state of the reacting individual who finds himself/herself in a hazardous situation. Crisis the, in its simplest term is defined as an "upset in a steady state". (Caplan, 1959)Certain characteristics of the state of crisis may be delineated. The first important characteristic is the view that the crisis is 1) self limiting in a temporal sense - thus the emphasis is on short term supportive services vs long term "cure" oriented treatment 2) the second feature of the crisis is that there are certain typical phases which characterize the period of upset. Elliot, (1955) and Hill, ('51) have classified hospitalization as a crisis of "dismemberment" (along with death and war separations),this type of crisis is characterized by a feeling of separation. It is important to emphasize that the crisis intervention theoriticians do not suggest that everyone will be damaged as a result of a crisis. Some will respond to the challenge by mobilizing their forces in ways that increase their ability to cope with stress. Those who emerge weakened may have well been predictably more vulnerable from the onset. Rather than to especulate on the person's adaptive skills prior to hospitalization, the present writer views as important the fact that Caplan and others show reasons to believe that the quality of support and social interaction during the crisis period can often have a decisive effect on the outcome.

PARENTS REACTION TO THEIR CHILDREN'S HOSPITALIZATION

Until very recently parents were responsible for most of the preparation for hospitalization. This is often inadequate. Some parents are so anxious about hospitalization that they are not able to help their children. It is common to hear of children who have been admitted to hospitals under the pretext of attending a pleasurable activity without any knowledge of the even. Petrillo, (1971) found that in the above cases "a common belief is that the child may be overwhelmed with anxiety (an indication of parents own reactions) if told about going to the hospital." Hardgrove, (1972) states that parents have been observed to stay away from their hospitalized

children because they found the children's response such as crying too painful for them. Thus, the child may be left without the support of the parents.

A review of related medical literature seems to disclose a consistent documentation of parental anxiety in connection with hospitals or medical procedures for their children. Freiberg, (1972) found that the most often mentioned reasons for anxiety were: 1) lack of information about diagnosis, 2) lack of information about procedures and treatment, 3) fear about recovery of child from present illness, 4) fear about future health of the child, 5) fears caused by sight of other hospitalized children, and 6) feelings that child needed more tests and more treatment. To the above the present writer adds financial worries. Skipper, et all, (1968) found that generally stress appears to be greater the day before the operation. Knudson and Natterson, (1960) found parental separation anxiety from their sick child. Fleming, (1974) found anxiety about leaving the care of the child to someone else. Parental anxiety can obstruct parents from receiving the very information that might relieve them. Petrillo and Sanger, (1972) and Wilson, (1972) found that many parents fear that a discussion of the illness would break down their own control.

Freiberg, (1972) & Clouser, (1975) report that parents often feel guilty and blame themselves for the child's illness. They also report parental resentment for the burden of coping with the illness and by extension of the child himself/herself. Sometimes, parents find an outlet of their frustration by making the staff the scapegoat. Often, however, with a great deal of validy, they complain about being left out of the responsibility of caring for the child. "...The people never looked at you or said anything, as if you weren't there at all..." Hardgrove, (1972).

Freiberg, (1972) found that when one child was hospitalized, the family life was considerably disrupted, a cording to the 25 mothers interviewed. The 20 mothers who had other children had to hire babysitters, send the child to live with relatives, or have the father spend extra time at home. The other children were all upset in some ways by the hospitalization of the sibling.

CHILDREN'S REACTIONS TO HOSPITALIZATION

There are re-occurring patterns of responses in children's reaction to the stress of hospitalization. Anna Freud ('52) states that shame is a common reaction to illness. Schowalter ('70) reports anger and fear. If anger is greater than fear, the child will tend to be rebellious; if fear is dominant, the child will tend to be overly compliant (these children are sometimes unfortunately described as "cooperative"). Petrillo ('72) and Cassem ('75) states that children's most common fears are of 1) mutilation 2) pain 3) being left alone. Levine and Fiedler ('72) stress that the greatest fear is that of the unknown. Freiberg ('72) concurs and adds that medical personnel often assume that the patient

understands and is not afraid by seemingly routine procedures like intravenous feeding when often the opposite is true.

Levine, ('70), Levy ('45) and Robertson ('58) feel that children under 3 are most keenly aware of the absence of the mother. Bowlby (1960), (1961) describes 3 phases of response to separation: protest, followed by despair and then detachment. In the phase of protest the child still has hope that the mother will return and complains about his/her condition vigorously. In the phase of despair there is increased hopelessness, the predominant effect being depression. The stage of detachment is a quiet one. It is a phase when potentially maladaptive defenses can be developed such as denial of the longing for the mother and refusal of other nurturent adults.

As the young child reaches the pre-school years there is evidence to indicate increased mutilation anxieties and castration anxieties Prugh ('65), ('53), Petrillo ('72), Florence Erickson ('58). These in part are caused by feelings of guilt, viewing hospitalization as a punishment for bad "deeds" and "thoughts" (Schilder and Wechsler '34). While it is hopeful to assume that with increased conceptual ability there is a decrease of guilt and of viewing hospitalization as a punishment, it is the view of the present writer that ill children wrestle with guilt feelings at all age levels.

Solnit ('75) feels that school age children are less protected and therefore potentially more vulnerable to effects of hospitalization. While because of such things as school attendance and its effect of growing indepencence from parents, the latency age child is better able to withhold separation, it is also the case that he/she may feel abandoned since parents are less likely to room in with school age children. The school age child also worries about school, his place in the classroom and his friends.

It is important for school age children to understand and sort out the events surrounding hospitalization, in addition of receiving security and nurturance. Solnit ('75) states that the school age child wants to know the answers to 1) what's wrong with me? 2) what are they going to do to me? 3) what have I done to deserve this?

The pre-adolescent and adolescent often see hospitalization as a reversion to a younger child's role and bitterly complain about any perceived loss of independence. Prugh ('65), Dimock ('60), Easson ('70

While from six years on the universality of death gradually becomes comprehensible, by the age of 10 and up the concept of permanence of death is a fairly well established fact Antony ('40), Solnit and Green, (1963), Karon ('68). Therefore the older the child is, the more anxious he/she can be anticipated to be about the prognosis of the illness, treatment procedures etc. At the same time, the apprehension is compensated by increased reality testing and cognitive ability to understand long range plans and effects of treatment.

The present author wants to perhaps emphasize the obvious by underlining that for the cultural different child of all ages, hospitalization presents its own set of problems since in addition to the separation from family and primary reference groups, he/she may be likely to feel more keenly the strangeness of cultural content which becomes particularly symbolic around the area of food - so closely tied to nurturance needs. Also, parents and children of non-English speaking families face the obvious problem of communicating in a foreign language under already stressing situations to someone who may or not understand their cultural mileu.

THE ROLE OF THE SCHOOL IN THE PREPARATION FOR HOSPITALIZATION

Educators have traditionally left the area of hospitalization to the parents and medical personnel, and yet the school playing such an important role in a child's life can be most influential as a member of the psychosocial medical team.

The present writer has often received complaints from educators that when a family notified the school (usually via the school nurse) the classroom teacher is not always informed of the planned hospitalization.

It is wise to contact the family if one is informed of the coming hospitalization and to offer the school's support. The present writer was involved with a family reported by the hospital as not visiting the child very often during hospitalization. After non-accusatory exploration of the problem, it was found that the mother was too overwhelmed by anxiety at the sight of her hospitalized child, thus staying away. When the school counselor and teacher offered to either accompany the mother or inform the clinical social worker in charge of the case of the mother's visiting schedule so that she would have support during visits, the problem was quickly resolved.

In school systems where there are strong parent groups, parents have been organized to help with baby sitting and transportation during hospitalization. Clouser ('75). Furthermore, in areas of Special Education where there is anticipated large numbers of children who are going to undergo hospitalization, workshops can be organized in cooperation with the receiving hospitals Child Activity Programs to explore psychological implications of hospitalization for parents and teachers. Some Children's Hospitals offer regularly scheduled visitation programs for children who are to be hospitalized and also are available to come to school to work with groups of children. Clouser ('75).

Sending the child class notes at the hospital, phone calls, projects made by the classmates and sent to the hospitalized child are excellent ways of maintaining contact.

Parents also need information on the services available, especially since not all hospitals are equally comprehensive in their explanations. The schools can aid parents by letting them know of the services of the hospital teachers and itinerant teachers if the expected convalescence is going to be prolonged. The school by coordinating the educational plan with the hospital and an itinerant teacher can minimize chances of the child falling behind and relieve anxiety for the child and family. If the convalescence and/or hospitalization are expected to be shorter than what is required to use the services of the above mentioned teachers, the school can still give parents some work for the child to do, emphasizing, however, not to pressure the child if he/she complains of not being "up to school work".

Simple reminders can go a long way to alliviate possible separation anxiety. Suggesting for example, to leave toys or special games with the child at the hospital, to as much as possible visit at the time the child is expecting the parents, to not be concerned or berate the child for being "babyish" if he/she appears to cling to the parents, to keep the siblings in mind as to minimize possible resentment, and to be equally aware of the dangers of over-protection can be instrumental in aiding anxious parents. If the family appears to be having adjustment problems beyond the skill or time available to the educators or if it appears that the parents do not understand the procedures or have questions which can be answered best by the hospital, encourage the parents to contact the clinical social worker in charge of the Unit for support in solving their problems.

In addition to calling family and child, it is often wise to call the hospital and find out any possible educational implementations of the medical plan. Is the child going to need special arrangements upon returning to school? Are there any side effects to medication or treatment the school should know about? How is the child reacting to the hospital? How about convalescence care? Can the school modify its setting in any way to help the child return as quickly as possible to school? (It is the present writer's experience that children have been kept at home longer than necessary with negative effects to child and family because the doctors were not aware that special arrangements were possible to bring back the child to school.

There are many books for teachers (they need support too) parents and childrens (see Appendix) which can be made available to families to help with preparation. The dramatic play area is an excellent avenue to help the child explore the hospitalization process. Doctor kits, nurses hat, etc. not only help the about to be hospitalized child with his/her possible apprehension, it also aids in familiarizing the child with equipment and procedures. Classmates often react to the news of the incoming hospitalization, some even reacting with guilt as if something they thought or did "caused it". Others have been observed to avoid the child either for fear of their own health or because they are concerned they may injure the child. Clouser ('75). Therefore, the dramatic play are can be beneficial to all the children. Comments such as the hospital is <u>not</u> a place where one goes because one is bad, it is <u>not</u> one's fault to be sick or to need care, children are <u>not</u> left in hospitals and not picked up by parents, it is <u>not</u> bad to cry if it hurts, the doctors do <u>not</u> take advantage of the fact that one is under anesthetic, to cut your legs, arms, etc. can be made casually to either the class or child to reassure children with these fears. Children and parents need reassurance, furthermore, that the above mentioned fears are very natural reactions and perfectly age-appropriate.

In cases of older children where they may be resistant to treatment, the child needs to be encouraged to ask questions. As much as possible, parents and medical personnel need to include the older child in the medical treatment process. The educators can help by giving the parents support in explaining to the child his/her prognosis and treatment plans.

SUMMARY

The schools have an important role to play in the psychological preparation of children for hospitalization. There is growing evidence that schools need to become more actively involved because 1) some parents are so anxious about hospitalization that they are unable to help their children. There are cases where children have been admitted to hospitals without any prior knowledge of the event. Petrillo "72 found that in the above cases "a common belief is that the child may be overwhelmed with anxiety (an indication of parents own reactions) if they were told they are going to the hospital." 2) Not all hospitals are equally committed to support the child and family through the hospitalization process. 3) The school personnel are significant people in the child's life. In addition to support of child and family, the school can be of great assistance in terms of educational planning, especially in long term hospitalization. 4) In areas of Special Education where there is a high number of children going to the hospital, we need to look at the effects of hospitalization not only on the hospitalized child, but on the rest of the classroom.

We work on the assumption that 1) the content of the child's experiences at school should be one that better equips him/her to meet the demands of living. 2) The school shares in the responsibilities to contribute to the emotional health of the child. 3) Parents look at the school for help in problems concerning their children. It would seem then that schools are needed to play a role in the events surrounding hospitalization. As Hammovitch, '74, states, "what is needed it would seem, is more work with other parents and other significant adults to help them deal with their own fears as well as those of the children".

APPENDIX

Films and Records

1. "Going to the Hospital with Mother." J. & J. Robertson, New York University Film Library, 26 Washington Place, New York New York. 40 minutes.

2. "Children in the Hospital." E. Mason, M.D., Producer. International Film Bureau, Inc., 332 S. Michigan Avenue, Chicago, Illinois, 60604

3. "Mother Goes to Hospital with Child." J. & J. Robertson. Concord Films Council, Narton, Ipswick, Suffolk, England.

4. "Mothers Out of Touch." Clifford R. Barnet. Stanford School of Medicine, Stanford Medical Center, 300 Pasteur Drive, Palo Alto, California, 94304.

5. "New World for Peter." Ithaca College Films. Divisions of Communications, Ithaca College, Ithaca, New York, 14850. 15 minutes.

6. "Point of View." J. Schulman. Department of Psychiatry, Children's Memorial Hospital, 2300 Children's Plaza, Chicago, Illinois, 60614.

7. "Robin, Peter and Daryl - Three to the Hospital." New York University Film Library, 26 Washington Place, New York City.

8. "A Two-Year Old Goes to the Hospital." J. & J. Robertson. 16 mm., 45 minutes, English or French, New York University Film Library, address above.

9. "A Child's First Stay -- Jimmy and Suzie at the Hospital." Record 0220, 1968, 1969. Media Medica, Inc., Consultation Therapy Program.

Books for Children

1. Chase, Francine. A Visit to the Hospital, New York City: Wonder Books, Grosset and Dunlap, 1958.

2. Clark, Bettina. Going to the Hospital. New York City: Random House. (This book is one of the "Pop-Up" series.)

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6. McGovern, Ann. The Question and Answer Book About the Human Body. New York City: Random House, 1965.

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10. Shay, Arthur. What Happens When You Go to the Hospital. Chicago, Illinois: Reilly and Lee, 1969.

11. Vinson, Pauline. Willie Goes to the Hospital. New York City: MacMillan, 1956.

12. Welzenback, John F. and Cline, Nancy. Wendy Well and Billy Better Say Hello Hospital. Chicago, Illinois: Med-Educator, Inc., 1970.

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